

# HIPAA CONTRACT APPROVAL AND TRANSMITTAL

<b>DEPARTMENT:</b>		<b>Date:</b>
<b>Contractor:</b>		
<i>Type of Contract</i>	<b>MSA#:</b>	<b>CMAS #:</b>
<b>Contract Amount:</b>	<b>Type of Contract</b> (Please circle one): <b>IT Services</b> <b>Non-IT Services</b>	
<i>Duration of the Contract</i>	<b>Start Date:</b>	<b>End Date:</b>
<i>Contact Person</i>	<b>Name:</b>	<b>Phone:</b>
<b>Description of Services:</b>		
<b>Date of CalOHI Approval of Statement of Works:</b>		

	<u>Yes</u>	<u>No</u>	
Web Post Solicitation:	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____
Statement of Work Approved	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____
Statement of Work: Posted	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____
Number Vendors Interested: _____			
Screening Criteria Approved:	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____
Number of Vendors in the Final Pool: _____			
Best Value and Small Business Justification:	<input type="checkbox"/>	<input type="checkbox"/>	

## **PURCHASE AUTHORIZATION:**

Internal FSR ☐      External FSR ☐      Other ☐

	<u>Signature</u>	<u>Date</u>
<b>CALOHI Contract Approval:</b>		
<b>General Services Contract Approval:</b> (for non-IT contracts exceeding \$50,000, or for IT contracts exceeding \$500,000)	_____	_____
	_____	_____
<b>Department of Finance Approval</b> (for contracts exceeding \$5,000,000)	_____	_____